Complete Summary

TITLE

Preventive care and screening: percentage of patients who were queried about tobacco use one or more times during the two-year measurement period.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 13 p. [11 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged greater than or equal to 18 years who were queried about tobacco use one or more times during the two-year measurement period.

RATIONALE

According to U.S. Department of Health and Human Services, Public Health Service, and United States Preventive Services Task Force guidelines, periodic screening for tobacco use is recommended for all patients.

According to Canadian Task Force on Preventive Health Care and United States Preventive Services Task Force guidelines, tobacco cessation counseling is recommended for all patients who smoke.

PRIMARY CLINICAL COMPONENT

Tobacco use; screening

DENOMINATOR DESCRIPTION

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

NUMERATOR DESCRIPTION

Patients who were queried about tobacco use one or more times

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Fiore MC, Bailey WC, Cohen SJ, et al. Treating tobacco use and dependence. Clinical practice guideline. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2000 Jun. 197 p.

From the Centers for Disease Control and Prevention. Receipt of advice to quit smoking in Medicare managed care--United States, 1998. JAMA2000 Oct 11;284(14):1779-81. PubMed

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

U.S. Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996.

State of Use of the Measure

STATE OF USE

Pilot testing

CURRENT USE

External oversight/Medicare
Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Managed Care Plans
Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In 2001, the median prevalence of smoking in all 50 U.S. states and the District of Columbia was 23%.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not screened for tobacco use. It has been reported that:

- In 2000, 66% of smokers aged 18 years and older in the average managed care plan were advised to quit smoking during a visit with their physician.
- In 1998, 71% of smokers enrolled in a Medicare managed care plan received advice to quit smoking.

EVIDENCE FOR INCIDENCE/PREVALENCE

From the Centers for Disease Control and Prevention. Annual smoking attributable mortality, years of potential life lost and economic costs--United States, 1995-1999. JAMA2002 May 8;287(18):2355-6. PubMed

From the Centers for Disease Control and Prevention. Receipt of advice to quit smoking in Medicare managed care--United States, 1998. JAMA2000 Oct 11;284(14):1779-81. PubMed

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

Prevalence of current cigarette smoking among adults and changes in prevalence of current and some day smoking - United States, 1996-2001. MMWR Morb Mortal Wkly Rep2003 Apr 11;52(14):303-7.

Treating tobacco use and dependence: fact sheet. [internet]. Washington (DC): U.S. Public Health Service; 2000 Jun 1[cited 2003 Mar 01].

Trends in tobacco use. New York (NY): American Lung Association; 2003 Jun. 31 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Smoking causes an estimated 440,000 deaths in the United States annually.

Tobacco use is the leading cause of preventable morbidity and mortality associated with heart disease, stroke, lung cancer, and chronic lung diseases, in the United States.

EVIDENCE FOR BURDEN OF ILLNESS

From the Centers for Disease Control and Prevention. Annual smoking attributable mortality, years of potential life lost and economic costs--United States, 1995-1999. JAMA2002 May 8;287(18):2355-6. PubMed

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

Treating tobacco use and dependence: fact sheet. [internet]. Washington (DC): U.S. Public Health Service; 2000 Jun 1[cited 2003 Mar 01].

Trends in tobacco use. New York (NY): American Lung Association; 2003 Jun. 31 p.

UTILIZATION

Unspecified

COSTS

The total direct and indirect costs of tobacco use in the United States are estimated at $157 billion annually.

EVIDENCE FOR COSTS

From the Centers for Disease Control and Prevention. Annual smoking attributable mortality, years of potential life lost and economic costs--United States, 1995-1999. JAMA2002 May 8;287(18):2355-6. PubMed

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

Exclusions
None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients who were queried about tobacco use one or more times

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Tobacco use.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement Measurement Sets

MEASURE SET NAME

Physician Consortium for Performance Improvement: Preventive Care and Screening Physician Performance Measurement Set

MEASURE SUBSET NAME

Physician Consortium for Performance Improvement Clinical Performance Measures: Preventive Care and Screening - Tobacco Use

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2005 Aug

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 13 p. [11 references]

MEASURE AVAILABILITY

The individual measure, "Tobacco Use," is published in the "Clinical Performance Measures: Preventive Care and Screening." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 13, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 8, 2005.

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